

This Computes!

**Department of Health Services
Children's Medical Services Network
(CMS Net) - Information Bulletin # 141**



Claim Denials for Eligibility RAD 314

As you know we monitor the weekly claims processing at EDS to attempt to quickly identify payment problems. This Computes (#114) and a Provider Bulletin highlighted several common problems being experienced by providers.

We have identified another problem that is causing a large number of claims to deny. The problem centers around the client identification number providers use to bill for services. The Client Index Number (CIN) was established by the State with the intent of being the single identifier for recipients of State benefit Programs, Medi-Cal, Cal Works, CHDP, GHPP, CCS, Healthy Families, as well as several other programs. Unfortunately, it is not unusual for a beneficiary to have had two, three, or even more CIN's assigned to. The assignment of multiple CIN's happens for a number of reasons. The family may fail to report that there is coverage under another Program and the person setting up the case failed to search for other Program eligibility. Or if staff searched for other eligibility did not locate it due to differences in names or dates. Whatever the reason, the multiple CIN's have the potential to cause claims to deny.

What causes a claim to deny?

- When a provider bills for a service authorized by CCS and does not use the eligibility information associated with CCS, the claim will deny, usually with the RAD message of 314.

What can you do to prevent this from happening?

- Advise the parents:
 - It is essential that they inform you of any other Program(s) that the child may be eligible for now or has been eligible for in the past.
 - If child obtains eligibility for another Program in the future, they must let that Program know of CCS eligibility, as well as the CCS program.
 - Failure to inform programs of other eligibility could result in loss of access to services since providers who do not get paid are highly unlikely to want to treat their child.
- When establishing CCS program eligibility, you **must** do a thorough search to attempt to identify any other Program the child might be associated with and if another CIN is found, staff **must** use that CIN to set up the CCS case.
- This check **must** be made at the time of annual renewal and more often if you suspect the child might be applying for another Program.
- In addition, you can also work with your provider population to educate them on the multiple CIN problems. Providers should be advised that at the time of eligibility verification, if the response does not indicate CCS eligibility, billing with the CCS SAR will result in a claim denial.

What can you do if a provider calls you and complains about an eligibility response or a denial for eligibility reasons due to incorrect CIN association?

- You should obtain the eligibility information the provider used and search the SCI (Statewide Client Index) screen to locate the other Program's CIN by performing a SCI search, view details and re-link to the correct CIN. If you need assistance with this process, please contact the CMS Net Help Desk at (916) 327-2378.

There is no easy fix to the problem of multiple CIN's. The problem is not going to go away, so we need to establish procedures to deal with it when it occurs.

Failure to resolve the problem will lead to providers unwilling to treat CCS clients, which is something we all wish to avoid.